

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10783629 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		ADMITTED AMENDMENT		ADMITTED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND	2					
TOTAL DEP	18	←	→	→	→	→
TOTAL CLAIMS	20					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND						
TOTAL DEP		←	→	→	→	→
TOTAL CLAIMS						